

FIG. 2

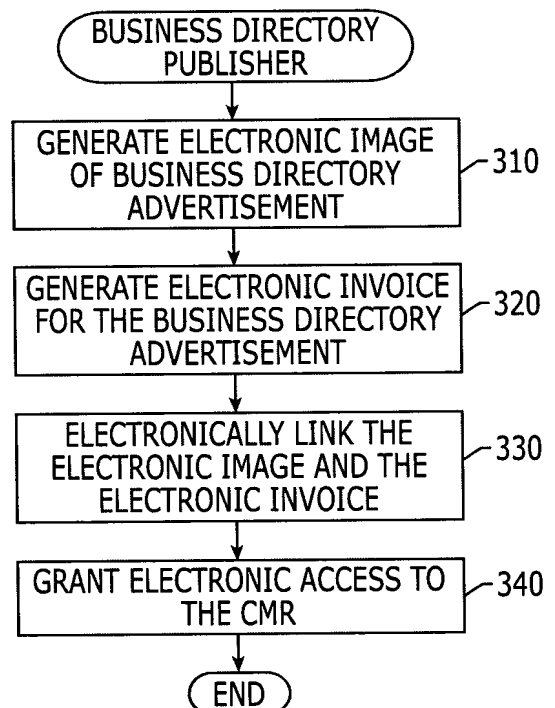


FIG. 3

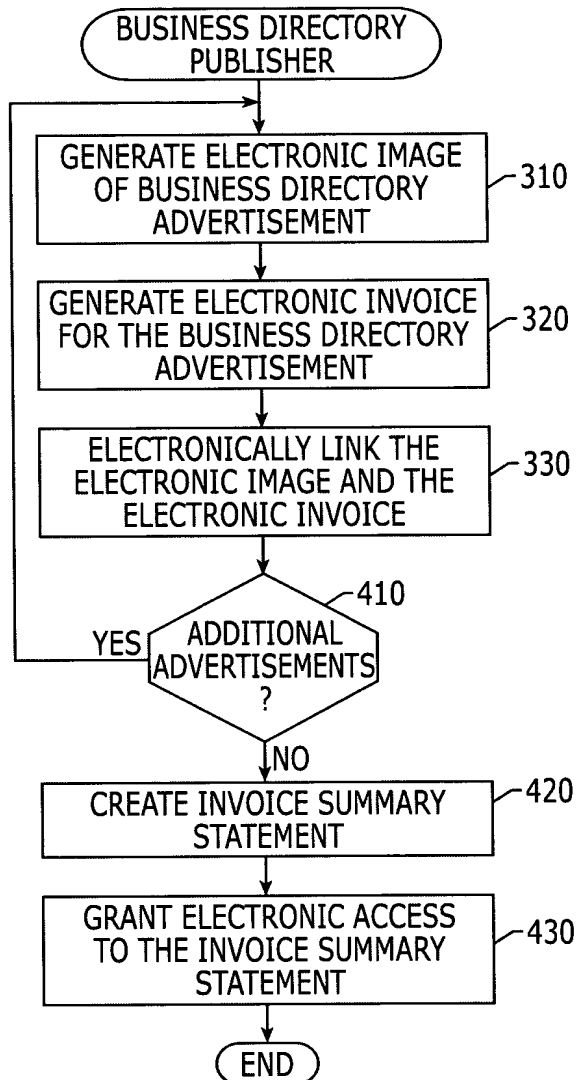


FIG. 4

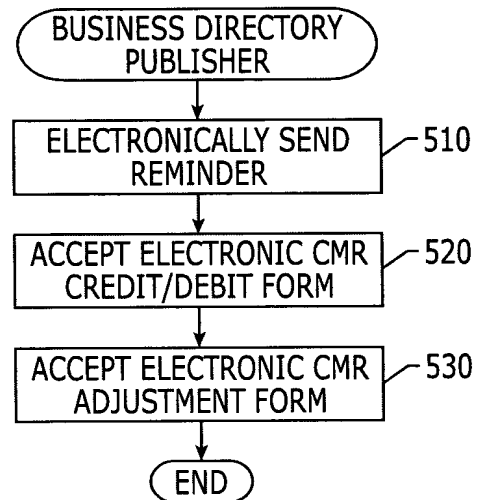


FIG. 5

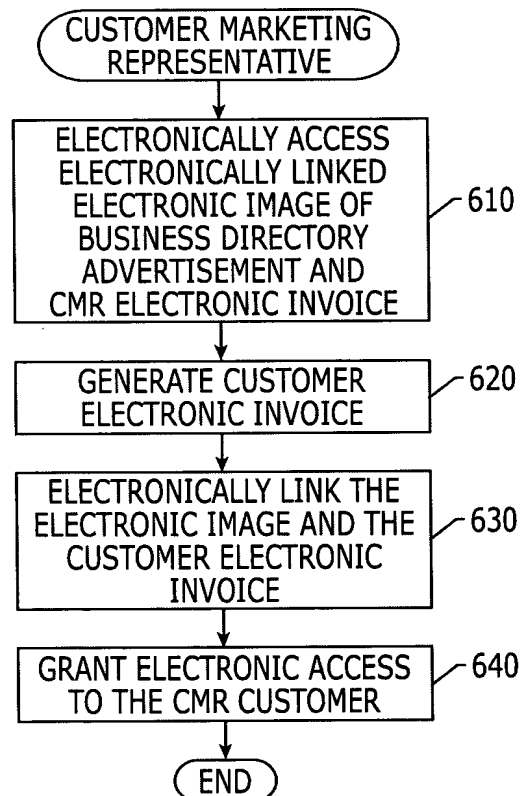
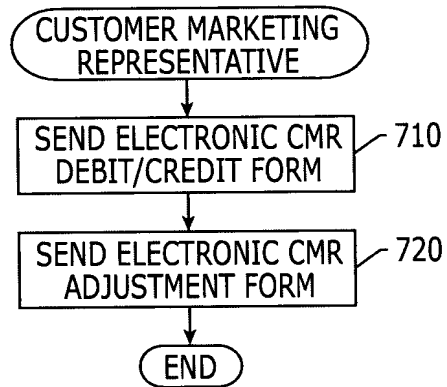
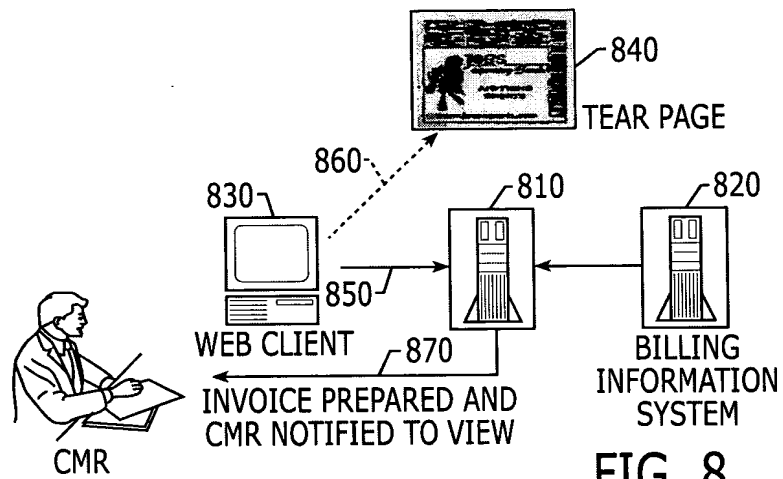


FIG. 6

FIG. 7FIG. 8

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[CMR Printout](#)
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Invoice Summary Statement

Below is your Invoice Summary Statement for Bill Number 0303R9991101904.

Please print this page and return with payment. Payment is due within 45 days of the bill date. You may also want to print a copy of this page for your records.

- To View:** select the "View" link next to the line item you wish to view. You will then be able to view the Invoice Detail and the Tear Pages associated with each invoice item.
- To Sort:** sort by any column by clicking any of the column heading links. Click this icon (↕) or (↕) in the headers below to reverse the sort order.
- To Print:** choose the print option that you would like from the Available Print Options drop down. The default print option is "Print Entire Package" including the ISS, Client Invoices and Tear Pages. If you wish to print the ISS only or ISS and Client Invoices (without Tear Pages), select one of the other options under Available Print Options. Then, click the "submit print request" button.
- To Download:** click the "download ISS" button.

If you have questions or comments concerning any of your Invoice Summary Statements, Client Invoices or tear pages, please [e-mail us](#) or call 1-800-362-5256 or 678-406-3276.

Important Note: You will need Adobe Acrobat Reader® to print. If you do not have Adobe Acrobat Reader®, [click here to download it here.](#)

Invoice Summary Statement

Available Print Options:
[Print Entire Package](#) [submit print request](#) [download selected ISS](#) [return to MYPS Billing](#)

CMR Code: 9991 **Print Status:** Printed

Bill Date	Bill Number	Publisher Code	Directory Number	Issue	Life
03/01/03	0303R9991101904	0013	101904 Shreveport-RTP To Go	02/2003	1200R

To: ABC, INC.
P.O. BOX 9999
ABC, INC.
P.O. BOX 9999
DAYTON, OH 45401-0000

Remit Payment to: BellSouth Advertising & Publishing Corp.
2247 Northlake Parkway
BellSouth Advertising & Publishing Corp.
2247 Northlake Parkway
5th Floor, Room 3
Tucker, GA 30084

Client Invoices

Client No.	Gross Amount	Adjustment Amount	Tax %	Tax Amount	Commission %	Commission Amount	Net Amount
1800	\$264.00	\$0.00	0%	\$0.00	21%	\$55.44	\$208.56
Total:	\$264.00	\$0.00		\$0.00		\$55.44	\$208.56

Amount Due: \$208.52

Available Print Options:
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FIG. 9

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[Your Account:](#)
 CMR9991
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Client Invoice Detail

Below is the Client Invoice you selected from your Invoice Summary Statement (Bill Number 0201R9991101904).

- To View: select the "View Tear Page" link to view the page associated with an invoice item (this will open a new browser window).
- To Print: choose the print option that you would like from the Available Print Options drop down. The default print option is "Print Invoice and Tear Pages". If you wish to print the Invoice only or the Tear Pages only, select one of these options under Available Print Options. Then, click the "submit print request" button.

If you have questions or comments concerning any of your Invoice Summary Statements, Client Invoices or tear pages, please [contact us](#) or call 1-800-392-5356 or 678-486-3276.

Important Note: You will need Adobe Acrobat Reader® to print. If you do not have Adobe Acrobat Reader®, [click here](#) to download it.

Client Invoice Information

Available Print Options:

[Print Invoice and Tear Pages](#)
[submit print request](#)
[return to ISS](#)

Invoice Date	Order Date	Pub Code	Directory Number	State	Directory Name	Issue Date	Life	CMR Code	Client Number	NAT
01/20/03	08/14/02	8913	101904	LA	Shreveport-RYP To Go	02/2003	1200R	9991	3000	A

Client Name: WEALTHY GLASS

Invoice Items

Tear Page	Item	BAR	Gross Amount	Adj	Adjustment	Advertising Data	Failed to Appear
N/A			\$0.00			\$0.00 CLASS-AUTOMOBILE, PLATE, WINDOW, ETC.	
View	BUNY		\$264.00	N		\$0.00 WEALTHY AUTO GLASS	
View	BUNY		\$264.00	N		\$0.00 WEALTHY AUTO GLASS	
N/A			\$0.00			\$0.00	
N/A			\$0.00			\$0.00 800 800-3727	

Invoice Amounts

Total Gross Amount	Total Adjustments	Net Amount	Tax	Total Amount
\$264.00	\$0.00	\$264.00	\$0.00	\$264.00

* Note: Net Amount equals Total Gross Amount minus Total Adjustments.

Available Print Options:

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[submit print request](#)
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FIG. 10

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5 Farns Point Dr. North Palm Bch 445-5003

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Delmore Insurance Services, Inc. Bch 445-9063
Edward Olsen Services Inc. 252-4000
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1401 S. Ridgewood Ave. West Bch 252-2200
Foster Adjusters Of Daytona Beach 445-4630
Michael & Associates
1401 S. Ridgewood Ave. West Bch 445-4630
Harold Associates Inc.
244 S. Peninsula Dr. West Bch 252-4081

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888-963-8180

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Dr. Hu is a Graduate of Shanghai University of Traditional Chinese Medicine, China with over 20 years of experience using needle and acupressure electrical acupuncture and Chinese herbal medicine to treat chronic and difficult cases.

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A GOOD TURN FOR THE ENVIRONMENT™

FIG. 11

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[Home](#) > [My Account](#) > [MYER Billing](#) > [Invoice Summary Statement](#) > [CMR Client Invoice Detail](#) > [1080 Form](#)

Your Account:
 CMR9991
 Wealthy Test

Quick Links:
 > [1080 Form](#)
 > [1080 Form](#)
 > [CMR Client Invoice Detail](#)

Non-Negotiated CMR Credit/Debit Memo

Please fill out the information below and submit your 1080 form by clicking on the "Submit 1080 Form" button at the bottom of the form.

1 Bill Information

Please specify the address below. * indicates required field

* Company Name: Bill No. in Error: 0303R9991101904
 * Address 1: Date of Bill No.: 03/01/03
 Address 2: CMR Code: 9991
 * City: * Bill No. Adjusted: 0303R9991101904
 * State: * Date of Bill No. Adjusted: 03/01/03
 * Zip Code:

2 Adjustment Information

Directory Number: 101904 Issue Date: 02/20/03

Client No.	Description	Overbilled Credit	Underbilled Credit	(+)(-) Tow	(+)(-) Comm	Reason No.
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Total:		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	

Grand Total Adjustments: \$

3 Contact Information

Refer Questions to:

* Name: * Telephone:
 Title: * Email:

4 Submit 1080 Form

To submit your 1080 form, click the button below.

[Submit 1080 Form](#)

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FIG. 12

BELLSOUTH [search](#) [contact us](#)

[Home](#) > [My Advertising](#) > [BYP Billing](#) > [Invoice Business Statement](#) > [CHR Client Invoice Detail](#) > [1090 Form](#)

> Your Account:
CHR991
Wealthy Test

> Submit your 1090 Form

> Quick Links
[1090 Form](#)
[1090 Form](#)
[CHR Client Invoice](#)

BAPCO 1090 Request Form for Adjustments

Please fill out the information below and submit your 1090 form by clicking on the "Submit 1090 Form" button at the bottom of the form.

1 CHR Information

Please specify the address below. * indicates required field

Date Request Sent: 06/30/2003 CHR Number: 9991
 Directory Code: 101904 * CHR Name: **ABC, INC.**
 Directory Name: Shreveport-RYP To Go * CHR Contact Name: **Wealthy Test2**
 Directory Issue Date: 02/2003 * Email Address:
 NTP's Close Date: 10/23/2002 * Telephone: **6784052300**
 * Client Number: **3880** Bill No. in Error: 0303R9991101904
 * Client Name: **WEALTHY GLASS** * Bill No. Adjusted: **0303R9991101904**
 * FAX:
 Back up provided via (check one): ☐ Fax ☒ Mail
 Fax: 6784052300
 Address: Customer Service
 2245 Northlake Pkwy
 Suite 320 South
 Tucker, GA 30004

2 Description of Request

Please specify the address below. You may enter up to 10 items in the Item field, separated by commas (example: 123, 456, 789). * indicates required field

* Heading:
 * Item(s):

2 Description of Request

Please specify the address below. You may enter up to 10 items in the Item field, separated by commas (example: 123, 456, 789). * indicates required field

* Heading:
 * Item(s):

* Advertising Appeared As:

* Advertising Should Have Appeared As:

Additional Information:

3 Submit 1090 Form

To submit your 1090 Form, click the button below.

[Submit 1090 Form](#)

[back to top](#)

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FIG. 13

[REPORT > NYPSS > Billing > NYPSS Billing & Tear Pages](#)

[Your Account:](#)
[KABCD12](#)
[Wealthy Employee Desai](#)

NYPSS Billing & Tear Pages

This page provides access to NYPSS Billing and CMR Invoices.

[Home](#)
[NYPSS > Billing & Tear Pages](#)
[Delivery Reject](#)
[Reports](#)
[NYPSS](#)
[Order Confirmations](#)
[NYPSS Billing & Tear Pages](#)
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[NYPSS Directory](#)
[Services](#)

[Home](#)
[NYPSS](#)
[Order Confirmations](#)
[NYPSS Billing & Tear Pages](#)
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[Services](#)
[NYPSS Directory](#)
[Services](#)

Process Billing Reports and CMR Invoices

This section allows you to view a CHR's Invoice Summary Statements, Invoices, and Tear Pages. You may also query and work the following reports:

Delivery Reject Report - list of NYPSS Billing Packages that experienced e-mail notification delivery rejects.
Activity Report - list of NYPSS Billing Packages with associated delivery and customer access activities.

* Important Note: To view this information, you must specify search criteria. Enter either a State and Directory, or a CMR Code, or both. If you do not specify either a Directory within a State, or a CMR Code Number then no results will be returned for your query.

1 Specify a Directory

To specify a Directory, first select a State, then choose a Directory within that State. If you do not wish to specify a State and Directory, then you must enter a CMR Code for your query to return results.

Directory State:

Directory:

2 Specify CMR Code

You may specify any or all of the following additional criteria (this is optional).

CMR Criteria:

3 Submit Your Report Query

This section allows you to view a CHR's Invoice Summary Statements, Invoices, and Tear Pages. You may also query and work the following reports:

Delivery Reject Report - list of NYPSS Billing Packages that experienced e-mail notification delivery rejects.
Activity Report - list of NYPSS Billing Packages with associated delivery and customer access activities.

* Important Note: To view this information, you must specify search criteria. Enter either a State and Directory, or a CMR Code, or both. If you do not specify either a Directory within a State, or a CMR Code Number then no results will be returned for your query.

1 Specify a Directory

To specify a Directory, first select a State, then choose a Directory within that State. If you do not wish to specify a State and Directory, then you must enter a CMR Code for your query to return results.

Directory State:

Directory:

2 Specify CMR Code

You may specify any or all of the following additional criteria (this is optional).

CMR Criteria:

3 Submit Your Report Query

To submit your query, click the appropriate button below.

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FIG. 14